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care. North Carolina is one of 11 states that tracks turnover data on direct-care staff working in one or more long-term care settings. In 2005, average annual turnover rates by setting were as follows: nursing facilities, 116 percent; adult care homes, 111 percent; and home care agencies, 46 percent. Like many states, North Carolina has been working collaboratively with diverse stakeholder groups to address known causes of turnover among the direct-care workforce, as well as to take steps to increase the overall supply of these essential caregivers.

Two programs recently developed illustrate the types of initiatives the State will support

agencies, adult care homes, and nursing facilities that voluntarily meet higher standards to support their workers on the job by providing opportunities for personal and professional growth and creating a team environment to deliver better care. This focus on an improved workplace environment is designed to help facilities develop and retain a stable, satisfied, and well-trained workforce, leading to greater satisfaction among residents, clients, and their families.

The Medication Aide Registry Program for long-term care facilities, implemented in November 2006, is the product of a four-year effort by DHHS, the NC Board of Nursing, and other stakeholders to develop (1) statewide

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to address this workforce issue. The first, NC New Organizational Vision Award (NC NOVA), developed by a broad-based Partner Team, focuses on improving the recruitment and retention of direct-care workers and the quality of care they provide. The second, the Medication Aide Registry Program, focuses on improving the training and qualifications of direct-care workers, providing specialized training related to the administration of medications.

Effective January 1, 2007, the NC NOVA program offers a special State license to home care

uniform standards for nonlicensed direct-care workers who administer medications, (2) training materials and standards for trainers for the medication aide registry examination, and (3) requirements for employers of employees with this certification. Apart from addressing concerns about the safety of residents of long-term care and enabling facilities to use direct care and nursing staff more efficiently, establishing this qualification will add a rung to the job ladder for direct-care workers who are already qualified as nurse aides and to assist in retaining them.